



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

COMMERCIAL STIMULANT BUSINESS APPLICATION PACKET

THIS PACKET CONTAINS:

1. This summary sheet with general instructions.
2. A pamphlet entitled “*Gambling License Certification Program*”.
3. The Commercial Stimulant application (GC4-005) with attachments and supporting forms including:
 - Attachment – Other Persons Having Interest in Premises or Gambling Equipment (GC4-314);
 - Attachment – Current and Expected Employees (GC4-315);
 - Appendix A – Sole Proprietorship Requirements (GC5-003);
 - Appendix B – Limited and General Partnership Requirements (GC5-004);
 - *Disclosure of Partnership* (GC4-017c);
 - Appendix C – Limited Liabilities Company “LLC” Requirements (GC5-005);
 - *Disclosure of LLC Members / Managers* (GC4-017b);
 - Appendix D – Corporation Requirements (GC5-006)
 - *Disclosure of Corporate Officers / Stockholders* (GC4-017)
 - Authorization for Examination and Release of Information (GC4-299)
 - License Class Structure Information (GC5-144);
 - Personal / Criminal History Statement (BLS-700-301);
 - Financial Statement (GC4-320);
 - Source of Funds Statement (GC4-321);
 - Letter for Mandatory Prelicensing Training (GC5-158);
 - Letter regarding Responsibility to Report (GC5-001);
 - Letter regarding House-Banked Card Room Application Process (GC5-014)
 - Selected Washington Administrative Codes pertaining to licensing requirements; and
 - Fee Schedule – Commercial Stimulant / Profit-Seeking Organization (GC5-055K FS).

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

- For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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- Please ‘X’ the boxes. Do NOT shade-in or use ‘✓’.

‘X’ Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/> <input checked="" type="checkbox"/>

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

INSTRUCTIONS ON REVERSE SIDE

IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our web site.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to the enclosed rules (administrative codes) for clarification.
3. Read through the rules, the enclosed licensing pamphlet and other information provided.
4. The licensing fees for this application are listed on the *Fee Schedule* (GC5-055K FS). In addition to these fees, the Commission may assess additional amounts to cover inspections and investigations necessary for licensing or certification. See WAC 230-04-240. These costs will be determined, and are payable, during the financial investigation phase of the application process. If you choose to voluntarily withdraw your application or if the Commission administratively closes your application, the balance of any fees and additional amounts paid, less all applicable commission processing and investigative costs, will be refunded.
5. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
6. This application must be signed and dated by the appropriate individual(s). Where a signature is required, the Commission requires an original signature in ink. Please sign inside the signature blocks provided.
7. An application is considered complete when the basic application form and attachments have been completed in every respect, all requested documents have been attached, and the application is submitted with the proper fee to the Gambling Commission's office located in Lacey, Washington. An application shall be considered delivered to the Commission when actually deposited in the United States mail properly addressed to the Commission. See WAC 230-04-020.
8. Keep a photocopy of your completed application, including all documentation, in case we need to contact you to confirm information from your application and the supporting documents you submitted.
9. The Commission cannot act on your application if proper fees have not been paid. You may fax documentation for this application to expedite the process, but clear copies must be submitted because faxed documentation may be illegible, and original signatures are required.
10. If you need assistance in completing this application – please call one of the telephone numbers listed on Page 1 and ask for a Licensing Technician for new applications.

NOTE: You may be required to supply additional documentation based on information you previously supplied. See WAC 230-04-022.

CHANGES MUST BE REPORTED

During the application process if any changes occur that affect your answers / statements on this application, you must notify us. For example, notify us if there is a change in your articles of incorporation or by-laws, or any documents that affect your organizational structure, or any leases, rentals, consignments, or franchises, or other agreements relating to gambling activities or altering your commercial stimulant business, whether written or oral, and all cash or asset contributions, draws from lines of credit, and loans, from other than recognized financial institutions, which individually or collectively exceed a total of \$10,000 during the calendar year: Provided, that cash or asset contributions do not include donations to licensed charitable or nonprofit organizations.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020(4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

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COMMERCIAL STIMULANT BUSINESS APPLICATION

Consult the fee schedule, and then complete this area to tell us which license(s) you are applying for:

- ☐ Punch Board / Pull-Tab (05) Class Fee \$
- ☐ Public Card Room (65) Class Fee \$
- ☐ Public Card Room (65F) Class F Fee \$
(Endorsement for Player Supported)
- ☐ Public Card Room (67) H B Fee \$
(House-Banked)
- ☐ Amusement Game (53) Class A Only Fee \$
(Use only when applying for a license in combination
with Punch Board / Pull-Tab and / or Public Card Room)

Total Fee Submitted \$ **** SPECIAL NOTE ****

Please review WAC 230-02-370 and 230-02-380; with limited exceptions, only an established food and drink business may apply for a gambling license. These rules are included in this packet.

TYPE OF BUSINESS: (Check One)

☐ Restaurant ☐ Tavern ☐ Other (See Note Above): 1. Trade Name:
DBA2. Applicant:
Use Full Name: Sole Proprietorship (Last, First, MI), Partnership, LLC, or Corporate Name3. Location Address:
Street Address City State Zip4. County: 5. Is location ☐ Inside ☐ Outside the city limits?

6. Has the business / premises been previously licensed by the gambling commission?

☐ Yes – Complete the information below ☐ NoTrade Name: City: Owner's Name: Did you previously own this establishment? ☐ Yes ☐ No**Business Office Use Only:**Code: 211- Date: / / Amt: \$.00 Val #: Code: 211- Date: / / Amt: \$.00 Val #:

7. Did you purchase gambling games and / or equipment from the previous owner?

☐ Yes – Complete requested list below.

☐ No – Go to next question.

If you are purchasing inventory to include gambling items from the previous owner, provide a list of the games or pull-tab machines as listed in a. – d. below. (Per WAC 230-12-335(2)(a), gambling equipment can only be purchased directly from the seller if the sale is contingent upon Gambling Commission approval.)

- a. ☐ the name of the game;
- b. ☐ the name of the manufacturer;
- c. ☐ the manufacturer's Gambling Commission license number;
- d. ☐ the Gambling Commission stamp number on the games.

8. IF YOU ARE PURCHASING THIS BUSINESS, is the purchase contingent upon receiving a gambling license?

☐ Yes

☐ No

☐ N/A (not purchasing business)

9. Business Mailing Address: _____

City State Zip

10. County: _____ 11. Country: _____

12. Telephone: _____
Primary Telephone Number Message Telephone Number

Fax Telephone Number Cell Telephone Number (Optional)

13. E-Mail Address: _____

14. State of Washington Department of Revenue Number: _____ Unified Business Identifier

15. Have any substantial interest holders (WAC 230-02-300) in the applicant business, or any business in which they have previously held an interest in, ever applied for or held a Washington State Gambling license?

☐ Yes – Complete a. & b.

☐ No – Go to next question.

a. Trade Name: _____

City State Zip

b. Owner's Name: _____

16. DO YOU OWN, or are you purchasing, the premises where the gambling activity(ies) will be conducted?

☐ Yes – Skip a., and go to next question.

☐ No – Complete a.

a. Landlord: _____
Last Name

First Name MI

Business Name

Mailing Address: _____

City State Zip

Telephone: _____
Primary Telephone Number Message Telephone Number

17. ARE THERE OTHER PERSONS who have any interest in the gambling location and / or gambling equipment?

☐ Yes – Complete the worksheet for other persons (GC4-314).

☐ No – Go to next question.

18. WHAT BUSINESS TYPE is this?

- ☐ Sole Proprietorship (Complete Appendix A – GC5-003)
- ☐ Partnership (Complete Appendix B – GC5-004)
- ☐ LLC (Complete Appendix C – GC5-005)
- ☐ Corporation (Complete Appendix D – GC5-006)

19. WHAT IS THE NAME of your primary activity manager? The manager will need to submit a *Personal / Criminal History Statement* (BLS-700-301) and a copy of a valid driver's license. Mandatory Training is required (see attached letter GC5-158).

a. General Manager:

Last Name																			
First Name																		MI	
Social Security Number										Birthdate									
Primary Telephone Number										Message Telephone Number									

b. Punch Board / Pull-Tab Manager:

<input type="text"/>														
Last Name														
<input type="text"/>														
First Name														
<input type="text"/>														
MI														
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number						Birthdate								
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>		<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Telephone Number						Message Telephone Number								

NOTE: PUNCH BOARD / PULL-TAB APPLICANTS ONLY:

Do you plan to offer progressive pull-tab games as explained in WAC 230-30-025?

☐ Yes☐ No

If Yes, you are required to employ a licensed commercial gambling manager. Please call to secure application for *Commercial Gambling Manager* (GC4-279).

c. Primary Amusement Game Manager:

[illegible]

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation for a crime?

☐ Yes ☐ No

Signature of Primary Game Manager
attesting to the criminal history:

d. Adult Supervisor's Name, if in a location where school aged minors are present, per WAC rule 230-02-520.

[illegible]

e. Public Card Room Manager:

NOTE: COMMERCIAL STIMULANT CARD ROOM APPLICANTS, CLASS E & ABOVE ONLY: All employees working in connection with the card room must be separately licensed as public card room employees. To secure an application for *Public Card Room Employee* (GC4-068), please call or download from our internet site (www.wsgc.wa.gov).

21. Estimate, in percentages, the amount of gross sales generated by each business activity listed. Note that gross sales from gambling activities are excluded, whereas other activities, such as vending machine sales or video rental income would be included. See WAC 230-04-080(b)(11).

TOTAL | 1 | 0 | 0 | %

If the sale of food and drink for on-premises consumption does not exceed 50% of the **ALL** business activities listed, you probably do not qualify for a gambling license. Please call us for specific guidelines.

b. ☐ Equipment rental / lease agreements.

23. Have you or will you be contracting with licensed service suppliers to be involved in your gaming?

☐ Yes – Complete requirements below.

☐ No – Go to next question.

If you have or will be contracting with licensed service suppliers provide clean and legible copies of:

- a. ☐ Any franchise agreements or other agreements with distributors or manufacturers of equipment;
- b. ☐ Copies of all contracts (obligations) between the applicant and any other licensee of the Gambling Commission including all current or proposed management agreements or contracts between the applicant and any licensed gambling service supplier. See WAC 230-02-205.

24. ALL APPLICANTS, EMPLOYEE INFORMATION REQUIRED: A worksheet is provided for employee information. (Refer to WAC 230-04-022(6) for more information on this application requirement.)

- | | Included | Not
Applicable | |
|----|--------------------------|--------------------------|--|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Attachment for Current Employees (GC4-315). |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Attachment for Expected Employee titles and monthly pay (GC4-315). |

ATTENTION APPLICANT

IMPORTANT REMINDERS

You can expedite your application process:

- 1. BY ENSURING THAT ALL PERSONAL / CRIMINAL HISTORY STATEMENTS (BLS-700-301) ARE COMPLETE** including all requested information, and enclosed with this application.
- 2. BY ENSURING THAT YOU HAVE PROPERLY COMPLETED YOUR SOURCE OF FUNDS STATEMENT (GC4-321).** This form is essential in determining your business funding sources; and
- 3. If your funding sources were other than a financial institution, such as a relative, a friend, another business, or some other sources, BY ENSURING THAT ALL-PERSONAL, CRIMINAL, AND FINANCIAL INFORMATION FORMS FROM THOSE ENTITIES ARE COMPLETE** and submitted with this application.

Should you have specific information or documentation questions involving Personal / Criminal History Statement (BLS-700-301), Financial Statement (GC4-320), or the Source of Funds Statement (GC4-321), you may contact the Organizations Section at 1-800-345-2529 or (360) 486-3440 for assistance.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of my initial application or revocation of any gambling license(s) currently held.** I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I agree to notify the Gambling Commission should any criminal or civil actions be filed against me during the application or licensure period. I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Sole Proprietor / Chief Executive Officer:

Date _____

Each Partner:

Date

LLC Manager:

Date _____

Application Prepared By:

Last Name: | | | | | | | | | | | | | | | | | | | | | |

[illegible]

Business Name: _____

Mailing Address: | | | | | | | | | | | | | | | | | | | | | |

Zip

E-Mail Address: _____

Telephone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| |_|_|_|_|-|_|_|_|_|-|_|_|_|_|
Primary Telephone Number Message Telephone Number

 - - - -

Fax Telephone Number Cell Telephone Number (Optional)